

Clear Resolutions Inc.

An Independent Review Organization
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AMENDED NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: August 4, 2012

DATE NOTICE SENT TO ALL PARTIES: Jul/31/2012

Date amendment sent to all parties: August 4, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

(1) One Follow Up Office Visit

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity is not established for (1) One Follow Up Office Visit.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated

Preauthorization request form

Office visit note dated

Medical record review

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male. The patient presents with complaint of bilateral knee pain and left ankle pain. Diagnoses are ankle sprain; tear of medial cartilage or meniscus of knee current; and Kaschin-beck disease involving the lower leg. The patient was provided refills and recommended to be seen back in five months. Medical record review indicates that the mechanism of injury is unclear. The review of records reportedly spanned the years from with large periodic gaps. The claimant has been under the care of Dr. throughout that period. The patient has had ongoing and worsening symptoms in his right knee and left ankle treated conservatively by Dr., mainly consisting of medication management and activity modification. The only surgical intervention was of the left ankle. Overall, it is unclear why the claimant is receiving ongoing care at this time due to reports of a remote history of an ankle sprain and medial meniscus tear. The patient's diagnoses are not chronic disabling diagnoses or diagnoses that would typically require ongoing prolonged use of narcotics. Follow up note notes that the patient has been followed on a regular basis every six months. The patient has had prior arthroscopy with meniscectomy and continues to have problems secondary to posttraumatic changes in the knee joint. The patient had severe ligamentous injury to the ankle that did not require operative intervention, but continues to have recurrent swelling and

pain over the ankle joint. He continues with the intermittent use of pain medication as well as intermittent use of anti-inflammatories. Initial request was non-certified noting that there is no indication for chronic follow up for an injury since. ODG recommends about 6 office visits. Peer review by orthopedic surgeon noted no indication for chronic follow up post ankle sprain and knee meniscal tear. The denial was upheld on appeal noting that the most recent note from Dr. does indicate that it does not appear that ongoing use of the medications has been certified, which would indicate that ongoing follow up appointments are not necessary at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient sustained an ankle sprain and medial meniscus tear. Per peer review, it is unclear why the claimant is receiving ongoing care at this time due to reports of a remote history of an ankle sprain and medial meniscus tear. The patient's diagnoses are not chronic disabling diagnoses or diagnoses that would typically require ongoing prolonged use of narcotics. There is no clear rationale provided to support ongoing follow up visits at this time. The reviewer finds medical necessity is not established for (1) One Follow Up Office Visit.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)